

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90157 001 \*3,226.25

DOCUMENT # P96000023385

1. Corporation Name  
GMN-LANDFAIR, INC.

Principal Place of Business

1460 BRICKELL AVENUE  
SUITE 309  
MIAMI FL 33131

Mailing Address

1460 BRICKELL AVENUE  
SUITE 309  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

65-0721111

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

WASHINGTON, LYNN C  
701 BRICKELL AVENUE  
SUITE 3100  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMINQUEZ, AGUSTIN	
STREET ADDRESS	1460 BRICKELL AVENUE, SUITE 309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, EUGENIA	
STREET ADDRESS	1460 BRICKELL AVENUE, SUITE 309	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DE RAMON, GONZALO	
STREET ADDRESS	1460 BRICKELL AVENUE, SUITE 309	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SARIOL, MARIO A	
STREET ADDRESS	1460 BRICKELL AVENUE, SUITE 309	
CITY-ST-ZIP	MIAMI FL	
TITLE	Z	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOMINQUEZ, AGUSTIN	
1.3 STREET ADDRESS	1460 BRICKELL AVE, #309	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDERSON, EUGENIA	
2.3 STREET ADDRESS	1460 BRICKELL AVE, #309	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	
3.1 TITLE	VIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DE RAMON, GONZALO	
3.3 STREET ADDRESS	1460 BRICKELL AVE #309	
3.4 CITY-ST-ZIP	MIAMI, FL 33131	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BALEY, CLAIRE	
4.3 STREET ADDRESS	1460 BRICKELL AVE	
4.4 CITY-ST-ZIP	MIAMI, FL 33131	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)